Stonature

Appeared for use through 07/91/2005; OMB 038-0332 Tadenark Office; U.S. DEPARTMENT OF COMBREE terminon unless it displays a wald OMB control lambin. U.B. Patent and Tra Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of informa-Complete if Known Effective on 12/09/2004.
Fees pursuant to the Consolidated/Appropriations Act, 2005 (ALR. 4618). 09/976,776 Application Number FEE TRANSMITTAL October 12, 2001 Filing Oate **FRIES** First Named Inventor **FOR FY 2005** Jastrzab, Krisanne Marie Examiner Name Express Mail Label No. 1744 Art Unit Applicant Claims small entity status. See 37 CFR 1.27 Altomay Dockst No. 71715/5102 (\$)900.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (Check all that apply) Other (please identify): None Money Order Credit Card Deposit Account Number: 08-1135 Deposit Account Name: Fitch, Even, Tabin & Flamen: Check Deposit Account For the above-identified deposit account, the Director is hereby suthorized to: (check of that apply) \_Charge Fee(s) indicated below, except for the filing fee Charge Fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit card information and authorization of PTO-2038. FEE CALCULATION 1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES EXAMINATION FEES SEARCH FEES FILING FEES Small Entity Fees Paid (\$) Small Entity Fee (\$) Small Entity Fee (\$) Fee (5) Application Type Fee (\$) Fee (5) Fee (\$) 100 250 200 500 150 300 65 UIIIIV 130 50 100 100 200 Design 80 180 150 300 100 200 **Plant** 300 600 250 500 150 300 Relegio ٥ 0 0 100 200 **Provisional** 2. EXCESS CLAIM FEES Feq (5) <u>Pee Description</u>

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each claim over 20 or, for Reissues, each ladenandent claim more than in the ori Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 100 200 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Ees(E) Extre Claims Fee Paid (\$) **Total Claims** Fee (5) \$350,00 X \$50.00 -31(HP)= HP - highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee(1) Extra Cistina Indep. Claims -3 or HP = HEP = highest number of independent oldina paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) ure operational and the number colored to the rest. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s). For each additional 50 sheets or fraction the rest. Fee Paid (8) Fee (\$) Number of each additional 50 or fraction thereof Extra Sheeta Total Sheets (round up to a whole number) X /EO= -100= Foe Patt (\$) 4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITED BY (858)552-1311 42,555 Talcohome

Steven M. Freeland the second of District and Sale of Sal Nome (Print/Tyres) fertion of information is recentred by 27 CFR 1.17 and 1.77. The information is required to chain of paties a format by 40 public which is to fill (as similar to great the control by 27 U.S.C. 122 and 27 CFR 1.14. This collection is estimated to take 30 minutes to complete, including generate, properties, and guide and the control by 27 U.S.C. 122 and 27 CFR 1.14. This collection is the unessed of these years require the information generates the requirement of the control of the control of a menual of the year require to complete this form under supportions for rectacing this burber, dended to year to the Co to F.O. How MAN Alexandria, VA. 2013-MAN. DO NOT SECO FREE OR CONSTITUTED DERMAN TO THIS ADDRESS. display of the USPTO. TI

01/04/2005 CQUEEN 00000001 061135

December 28, 2004

Dedo

09976776